

State of Rhode Island

World War II “Voices of Freedom” Registration

PLEASE USE SEPARATE SHEET(S) IF NECESSARY

PART I – BASIC INFORMATION

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone (Day): _____ Phone (Evening): _____

E-mail: _____

PART II – SERVICE HISTORY

Branch of Service: _____ Date entered: _____

Place entered Service: _____ Date discharged: _____

Service in (check all applicable): _____ Active _____ National Guard

_____ Reserve Highest rank held: _____

Unit/Ship(s) assigned to: _____

What wars, theatres, campaigns, or locations were you in? _____

What were your general duties, skills or rating? _____

Did you have combat service? When were you first under fire? What were your feelings in combat?_____

Did you receive any injuries, wounds, or illness? Were you captured?

What was daily life like; did your equipment work well; how was it compared to the enemy's?_____

What was your unit/ship like; how were your officers?_____

Did you receive any decorations, medals or commendations?_____

What was the most interesting or inspiring thing you experienced during your service?_____

What person(s) do you remember from the service and why? _____

What experience(s) left the greatest impressions on you? _____

Did you perform any unusual service or duties? _____

PART III – CIVILIAN HISTORY

Date of Birth: _____ Place of Birth: _____

Education Prior to Service: _____

Education During and After Service: _____

Employment Prior to Service: _____

Employment After Service: _____

PART IV – OTHER INFORMATION:

PHOTOGRAPH(S): Please enclose a clear photograph(s) of yourself, preferably in uniform, if available. **Photos will not be returned unless requested and may be used in a museum exhibit or publication and they will be available to researchers.**

ARTIFACTS: Do you have any other photographs, letters, documents, equipment or souvenirs from your service that you would like to donate to the “**Voices of Freedom**” project?

_____YES_____NO

ORAL HISTORY: Would you be willing to do an interview on video tape for the “**Voices of Freedom**” project?

_____YES_____NO

Please attach additional sheet(s) if necessary.

If you have any questions, please call: (401) 222-2357 OR (401)222-2371

When completed, mail to:

Lt. Governor Charles J. Fogarty

Secretary of State Edward S. Inman III

State House, Room 116

OR

State House, Room 217

Providence, RI 02903

Providence, RI 02903

